

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 9860
Name: Castle Resources Inc.
Address: PO Box 87
City/State/Zip: Schoenchen, KS 67667
Purchaser: _____
Operator Contact Person: Jerry Green
Phone: (785) 625-5155
Contractor: Name: Murfin Drilling Company
License: 30606
Wellsite Geologist: Jerry Green

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

Deepening Re-perf. Conv. to Enhr./SWD

Plug Back _____ Plug Back Total Depth _____

Commingled _____ Docket No. _____

Dual Completion _____ Docket No. _____

Other (SWD or Enhr.?) _____ Docket No. _____

5/22/04 5/28/04 5/28/04

Spud Date or _____ Date Reached TD _____ Completion Date or _____
Recompletion Date _____ Recompletion Date _____

API No. 15 - 165-21762 - 00 - 00

County: Rush

SWSE - SW - NW - _____ Sec. 31 Twp. 17 S. R. 20 East West

2500 feet from S (circle one) Line of Section

860 feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Keyhole Well #: 1

Field Name: wildcat

Producing Formation: _____

Elevation: Ground: 2096 Kelly Bushing: _____

Total Depth: 4179 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan P4 A KGR 6/29/07
(Data must be collected from the Reserve Pit)

Chloride content 6,000 ppm Fluid volume 200 bbls

Dewatering method used allow to dry & backfill

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License No.: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: _____

Title: President Date: 11/9/04

Subscribed and sworn to before me this 9th day of NOVEMBER

2004

Notary Public: KATHERINE BRAY

Date Commission Expires: 7-3-08

KCC Office Use ONLY

Letter of Confidentiality Attached: _____

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution _____

RECEIVED

NOV 10 2004

KCC WICHITA

KATHERINE BRAY
NOTARY PUBLIC
STATE OF KANSAS
MY APPT. EXPIRES 7-3-08

Operator Name: Castle Resources Inc. Lease Name: Keyhole Well #: 1
 Sec. 31 Twp. 17 S. R. 20 East West County: Rush

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Log	Formation (Top), Depth and Datum	Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Anyhdrite	1422-53	+764
Electric Log Run <i>(Submit Copy)</i>	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Heebner	3590	-1404
List All E. Logs Run:		Lansing-KC	3634	-1448
		Base-KC	3917	-1731
		Pawnee	4020	-1834
		Labette Shale	4082	-1896
		Fort Scott	4093	-1907
		Cherokee Shale	4104	-1918
		Cherokee Sand	4112	-1926
		LTD	4179	-1993

CASING RECORD							
				New	Used		
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
surface	12 1/4	8 5/8	19#	233	common	160	2% gel 3%cc

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	
				Depth

TUBING RECORD	Size	Set At	Packer At	Liner Run
				Yes No

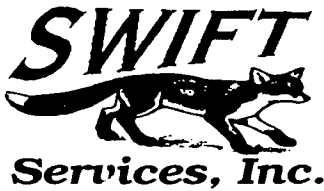
Date of First, Resumed Production, SWD or Enhr.	Producing Method			
	Flowing	Pumping	Gas Lift	Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
(If vented, Submit ACO-18.) Other (Specify) _____

APPROVAL



CHARGE TO:
CASTLE RESOURCES
 ADDRESS
 CITY, STATE, ZIP CODE

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TICKET No 6825
 PAGE 1 OF 1

SERVICE LOCATIONS 1. NESS CITY, KS	WELL/PROJECT NO. #1	LEASE KEYHOLE	COUNTY/PARISH RUSH	STATE KS	CITY	DATE 5-22-04	OWNER SAME
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR MURPHY DRILLING #24	RIG NAME/NO.	SHIPPED VIA CT	DELIVERED TO LOCATED	ORDER NO.	
3.	WELL TYPE OIL	WELL CATEGORY DEVELOPMENT	JOB PURPOSE 8 5/8" SURFACE	WELL PERMIT NO.	WELL LOCATION ALEXANDER, KS - SW, 1W, 1/2 S, ES		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE #104	30	MI			2.50	75.00
576		1			PUMP SERVICE	1	JOB	233	FT	550.00	550.00
410		1			TOP PUG	1	CA	8 5/8"		60.00	60.00
325		1			STANDARD CEMENT	150	SKS			7.25	1087.50
278		1			CALCIUM CHLORIDE	4	SKS			25.00	100.00
279		1			BENTONITE GEL	3	SKS			11.00	33.00
581		1			SERVICE CHARGE CEMENT	150	SKS			1.00	150.00
583		1			DRAPAGE	14720	US	220.8	M	.85	187.68

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

[Signature]
 DATE SIGNED: 5-22-04
 TIME SIGNED: 1900
 A.M.
 P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	2243.18
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX	67.87
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	2311.05
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

JOB LOG

SWIFT Services, Inc.

DATE 5-22-04 PAGE NO. 1

CUSTOMER CASTLE RESOURCES WELL NO. # / LEASE KEYHOLE JOB TYPE 8 5/8" SURFACE TICKET NO. 6825

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1830							ON LOCATION
								TD-233' SET# 233
								TD-236' 8 5/8 - 20 #/FT
								15' CMT LEFT IN PIPE
	2040							BREAK CIRCULATION
	2050	6	36		✓			MIX 150 SKS STANDARD 2% GEL, 3% CC @ 14.7 PPM
	2100							RELEASE PLUG
	2101	6 1/2	0		✓			DISPENSE PLUG
	2103		14 1/2					PLUG DOWN / SHUT IN
								CIRCULATED <u>20</u> SKS CMT TO POT
								WASH UP
	2200							JOB COMPLETE

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KCC WICHITA**

THANK YOU
WAYNE, DUSTY, BUJIC